

Form **8871**
(July 2000)
Department of the Treasury
Internal Revenue Service

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

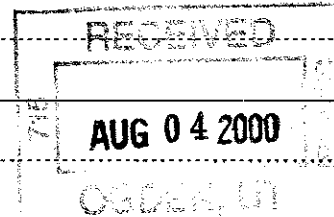
1	Name of organization <i>Friends of Ethan Berkowitz</i>	Employer's number <i>92-0172930</i>
2	Mailing address (P.O. Box or number, street, and room or suite number) <i>1219 Inlet Place</i>	
	City or town, state, and ZIP code <i>Anchorage, AK 99501</i>	
3	E-mail address of organization <i>ethanb@alaska.net</i>	
4a	Name of custodian of records <i>Ethan Berkowitz</i>	4b Custodian's address <i>1219 Inlet Place</i> <i>Anchorage, AK 99501</i>
5a	Name of contact person <i>Ethan Berkowitz</i>	5b Contact person's address <i>Same</i>
6	Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code	

Part II Purpose

7 Describe the purpose of the organization
Candidate for Alaska State Legislature

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



9a Name _____

[illegible]

9c Address

Ethan Berkowitz

Candidate

1219 Inlet Place
Anchorage AK 99501

Phelan Straube

Chief Deputy
Treasurer

724 '0' st #6
Anchorage AK 99501

Patrick Flynn

Deputy
Treasurer

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Ethan Berkowitz	
	2 Trade name of business (if different from name on line 1) Friends of Ethan Berkowitz	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 1219 Inlet Place	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Anchorage, AK 99501	5b City, state, and ZIP code
	6 County and state where principal business is located Alaska	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> REMIC <input type="checkbox"/> National Guard	<input type="checkbox"/> Other corporation (specify) ► _____
<input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► Political Organization (enter GEN if applicable) _____	
<input type="checkbox"/> Other (specify) ► _____	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input type="checkbox"/> Started new business (specify type) ► _____	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Created a trust (specify type) ► _____
<input checked="" type="checkbox"/> Other (specify) ► Political Organization	

10 Date business started or acquired (month, day, year) (see instructions) 1999 (this campaign - first campaign)	11 Closing month of accounting year (see instructions) December
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12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).

13 Highest number of employees expected in the next 12 months Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural	Agricultural	Household
	-0-	-0-	-0-

14 Principal activity (see instructions) ► Political
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►		

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 2 above.	
Legal name ►	Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known		
Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) (907) 274-5659
Fax telephone number (include area code) ()

Name and title (Please type or print clearly.) ► ETHAN A. BERKOWITZ CANDIDATE

Signature ► Ethan Berkowitz	Date ► 7-28-00
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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